Portal Vein Thrombosis after Laparoscopic Splenectomy

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A 31-year-old woman with a medical history of autoimmune hemolytic anemia developed nonradiating pain in the upper right part of her abdomen for a duration of 28 days after laparoscopic splenectomy. When the pain did not improve, a multislice enhancement computed tomography (CT) scan with reconstruction of the abdomen was obtained. Extended portal vein thrombosis (PVT) was diagnosed with an unenhanced region detected in the dilated portomesenteric venous system (Fig. 1). She was readmitted and underwent anticoagulation therapy with a continuous infusion of heparin, which was transitioned to warfarin. The patient was discharged home after 6 days of hospitalization.

PVT following laparoscopic surgery is a potentially life-threatening complication. It usually manifests as nonspecific abdominal pain. CT scan can provide the diagnosis and demonstrate the extent of the disease\(^1\). Prompt anticoagulation therapy dependent on the CT results is the current standard of care for the treatment of acute PVT\(^2\). With the increasing use of laparoscopy for splenectomy, clinicians should be aware of the postoperative risk of PVT.

Fig. 1  Computed tomography scan shows evidence of thrombosis in the main portal vein (arrowhead), left portal vein (white arrows), and right portal vein (black arrow) with liver infarction (asterisk)
References
